

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90279 022 ****50.00

DOCUMENT # L01000012307

1. Entity Name
MRC DEVELOPMENT, LLC



Principal Place of Business
**1950 NE 27TH AVE.
GAINESVILLE, FL 32609**

Mailing Address
**1950 NE 27TH AVE.
GAINESVILLE, FL 32609**

24041029



DO NOT WRITE IN THIS SPACE

03292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3733125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROHS, THOMAS J
1663 TECHNOLOGY AVE.
ALACHUA, FL 32615**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROHS, THOMAS J
STREET ADDRESS	1950 NE 27TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	MGRM
NAME	COX, JOHN D PHD
STREET ADDRESS	1950 NE 27TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	MGRM
NAME	MORALES, LOUIS A
STREET ADDRESS	1950 NE 27TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/04 352-335-0033

Date

Daytime Phone #